

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Attorney Docket No. JDM/003
Examiner Mark Osborne Budd
Art Unit 2834

Mail Stop: RCE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

REQUEST FOR CONTINUED EXAMINATION

Sir:

This is a request for continued examination under 37 C.F.R. § 1.114, of pending prior Application No. 10/785,289 (Confirmation No. 2077), filed on February 23 of 2004 for MAXIMIZING POWER GENERATION IN AND DISTRIBUTING FORCE AMONGST PIEZOELECTRIC GENERATORS

1. ☐ Please enter the Amendment Pursuant to 37 C.F.R. § 1.116 filed on ____ in Application No. ____, a copy of which is enclosed herewith.
2. ☐ Please consider the arguments in the Appeal Brief or Reply Brief filed on ____ in Application No. _____.
3. ☐ An Amendment/Reply is enclosed in Reply to the Office Action dated _____.
4. ☐ An Amendment is enclosed.
5. ☒ An Information Disclosure Statement (and SB/08A) is enclosed.
6. ☐ A suspension of action on the above-identified patent application is requested under 37 C.F.R. § 1.103(c) for a period of _____ months.
7. ☒ A \$395.00 filing fee under 37 C.F.R. § 1.17(e) is applicable hereto.
8. ☐ Please charge ____ to Deposit Account No. 50-3855, Order No. JDM-003, in payment of the fee under _____. A duplicate copy of this Request is enclosed.
9. ☒ The Director is hereby authorized to charge payment of any additional fees required under 37 C.F.R. § 1.17(e) in connection with this Request, or to credit any overpayment of same, to Deposit Account No. 50-3855, Order No. JDM-003. A duplicate copy of this Request is enclosed.
10. ☐ Please grant a ☐ one-month, ☐ two-month, ☐ three-month, ☐ four-month, extension of time under 37 C.F.R. § 1.136(a) to the Examiner's Action of _____ in the above-identified patent application.
11. ☐ A \$_____ extension-of-time fee is applicable hereto.

12. ☒ Additional claim fees have been calculated as shown below:

FOR	CURRENT NUMBER		NUMBER PAID		NUMBER EXTRA		RATE		FEE
BASIC FEE									\$ 000.00
TOTAL CLAIMS	20	-	20 =		0	X	\$25	=	\$ 000.00
INDEPENDENT CLAIMS	5	-	5 =		0	X	\$100	=	\$ 000.00
[] MULTIPLE DEPENDENT CLAIMS						+	\$180	=	\$ 000.00
TOTAL									<u>\$925.00</u>

13. ☒ The director is hereby authorized to charge payment of \$395.00, in payment of the RCE filing fee (\$395) to Deposit Account No. 50-3855, Order No. JDM-003. A duplicate copy of this Request is being transmitted herewith.
14. ☒ The Director is hereby authorized to charge payment of any extension-of-time fees required under 37 C.F.R. § 1.17, or any other additional fees in connection with this paper, or to credit any overpayment of same, to Deposit Account No. 50-3855 Order No. JDM-003. A duplicate copy of this Request is enclosed.

January 12, 2007
(Date)

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